Arizona Department of Juvenile Corrections
Operating Policies and Procedures Manual
Counseling

PROCEDURE NO. 4203.02	REF. POLICY NO. 4203	EFFECTIVE: 02/05/04 PRIOR ISSUE: n/a
TITLE: **Juvenile Mental Health Assessment**	AUTHORIZED:	Thomas Gronski, Assistant Director, Youth Management Systems

Forms

I. Purpose:

Within 10 working days of arrival at an Arizona Department of Juvenile Corrections (ADJC) Secure facility or Parole Violators facility, a juvenile shall be assessed for a current mental health diagnosis. A juvenile mental health assessment shall consist of a mental status examination; chart review; review of family history; a Voice - Diagnostic Interview Schedule for Children (V-DISC) assessment or clinical interview with the juvenile; and interview with parent/other adults, if available. A Qualified Mental Health Professional (QMHP) who is not a licensed Psychologist may perform tasks outlined in this procedure if they are under the supervision of a licensed Psychologist.

II. Rules:

1. **Intake of New Commitments and Parole Violators:**
   a. Within one hour of arrival at a secure facility or parole violators' facility, a **QMHP** shall screen juveniles designated as new Commitments or Re-commitments, and juveniles in Parole Reinforcement status for mental health issues as part of a comprehensive mental health assessment process. The screening shall consist of a Massachusetts Youth Screening Instrument Version 2 (MAYSI-2);
   b. The **QMHP** shall give all juveniles a Mental Status Examination and a Suicide Prevention Assessment within 24 hours of arrival per Procedure 4250.01 unless indicated earlier per a MAYSI-2 screening;
   c. The **QMHP** shall provide immediate clinical interventions to juveniles who screen in the cautionary or warning levels of the MAYSI-2 for a mental health condition (refer to Procedure 4203.01);
   d. **HOUSING UNIT STAFF** shall place all juveniles awaiting a suicide prevention screening on Suicide Risk Level 3: Cautionary Supervision until the MAYSI-2 and a Suicide Prevention Assessment (Form 4250A) is completed (Refer to Procedure 4250.01).
   e. **THE INTAKE YPO III OR DESIGNEE** shall notify the facility Principal or designee of the newly arriving juveniles in order to schedule them for a V-DISC interview:
      i. If the juvenile scores within the Warning Level for any scale other than *Alcohol/Drug Use Scale* on the MAYSI-2, **THE PRINCIPAL OR DESIGNEE** shall schedule the V-DISC within two working days;
      ii. If the juvenile is not within the Warning Level for any scale, the **PRINCIPAL OR DESIGNEE** shall schedule the V-DISC within five working days;

2. **Pre-Assessment Activities:**
   a. **Warning Level(s) on MAYSI-2:** If the juvenile scores within the Warning Level for any scale other than *Alcohol/Drug Use Scale* on the MAYSI-2, the **ASSESSMENT CENTER PSYCHOLOGY ASSOCIATE** shall complete all pre-assessment activities within three working days;
   b. **No Warning Level(s) on MAYSI-2:** If the juvenile is not within the Warning Level for any scale, the **ASSESSMENT CENTER PSYCHOLOGY ASSOCIATE** shall complete all pre-assessment activities within five working days;
   c. Pre-assessment activities include, at minimum:
      i. Review the MAYSI-2 scores and summary to determine if there are clinical indications of a current mental health illness

ii. Review the juvenile's intake information;
iii. Conduct a clinical interview 1:1 with the juvenile, using Form 4203.02B , if the juvenile is unable or unwilling to complete the V-DISC,
iv. Review the juvenile's Field File, including any court records, mental health testing, educational testing, psychiatric evaluations ,and/or mental health evaluations;
v Interview parents telephonically, if available;
vi. Request additional records as needed.

3. **Clinical Interview:**
   a. Once the juvenile has completed the V-DISC assessment tool, the **PERSON DESIGNATED TO ADMINISTER THE V-DISC** shall complete the Voice DISC Log sheet (Form 4203.02A) and print and review the DISC Clinical Diagnostic Report:
      i. If the Clinical Diagnostic Report indicates a "yes" regarding clinically significant symptoms in Suicidal Ideation, Suicidal Plan, or Suicide Attempt in the past four weeks, the **PERSON DESIGNATED TO ADMINISTER THE V-DISC** above shall provide the report to the assigned QMHP <u>within two hours</u>:
         (1) The **QMHP** shall interview the juvenile by the end of the assigned work day to determine if a psychiatric evaluation is needed and make any necessary Behavioral Health referrals;
         (2) The **QMHP** shall complete the mental health assessment within two working days of receiving the V-DISC results;
      ii. If the Clinical Diagnostic Report indicates a "no" in the above listed areas, the **PERSON DESIGNATED TO ADMINISTER THE V-DISC** shall provide the report to the assigned QMHP within one working day and the **QMHP** shall complete the mental health assessment within five working days;
   b. A **QMHP** is the <u>ONLY</u> staff member who shall interpret the Clinical Diagnostic Report. The **QMHP** shall analyze the results, meet with the juvenile, and review other pertinent file material prior to completing the assessment process;
   c. If the juvenile is unable or unwilling to complete the V-DISC, the **QMHP** shall conduct a clinical interview 1:1 with the juvenile, using Form 4203.02B.

4. **V-DISC Interpretation:**
   a. At the end of the interview, the computer program scans all of the responses, matches them with pre-programmed rules (algorithms) and displays or prints out a Clinical Diagnostic Report based upon the juvenile interview. **<u>The QMHP shall not use</u> <u>these scores to identify a</u> <u>formal mental health diagnosis</u>** but as just one assessment tool to be used as part of the assessment process;
   b. Clinically Significant Symptoms:
      i. If the juvenile has endorsed the appropriate question during the V-DISC interview, then the symptom will be listed as "yes" on the Clinical Diagnostic Report;
      ii. "Not assessed" is listed for a symptom/behavior endorsed on the report indicating that the appropriate diagnostic section had not been administered, hence, the applicable questions had not been asked;
      iii. "Not applicable" is used in instances where the behavior was not possible, (e.g., a juvenile skipping school who is not a student);
   c. "Diagnostic Profile" is determined by symptoms identified:
      i. "Positive Diagnosis" is assigned if the juvenile met full symptom (duration, frequency, and intensity) criteria specified in *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM IV). It is important to note that impairment is not taken into account when assigning these diagnoses; however, the "impairment score" is useful in this context;
      ii. "Intermediate Diagnosis" is assigned when at least half of the symptom criteria have been met. This may be thought of as "sub-threshold" or possibly as a "Not Otherwise Specified (NOS)," or "Adjustment Disorder" Diagnoses;
      iii. "Negative Diagnosis" is assigned when less than half of the symptom criteria have

been met:

i. For some diagnoses (e.g., Anorexia and Bulimia; Mania and Hypomania; Depression and Dysthymia; Substance Abuse and Dependence) the presence of one precludes the other being assigned, with the result that some diagnoses listed as "negative" have quite a few symptoms;

ii. Where diagnoses are assessed in an independent module, the scoring does not apply any hierarchical rules; i.e., a juvenile may be assigned Oppositional Disorder and Conduct Disorder if s/he meets the symptomatic criteria for both because these diagnoses are assessed in different diagnostic sections.

d. **DISC Scoring:** After the juvenile completes the V-DISC the Clinical Diagnostic Report scores are displayed as designated:

(1) Symptom Score – This is provided for each diagnosis. This indicates the total number of symptoms endorsed for each diagnosis administered, out of the total number of symptoms possible:

i. "Symptoms" are broad level inquiries about behaviors and do not include qualifiers such as frequency and duration, required to rate a "criterion" as present;

ii. Some diagnoses share their symptom scale. For example, there is a single Eating Disorders symptom scale for both Anorexia and Bulimia symptoms, plus Mania and Hypomania comprise one set of symptoms. For all the Substance Abuse and Dependence disorders, each type of substance has a scale, which merges symptoms of abuse and dependence. The result of the symptom scale for these disorders will be repeated for each disorder;

iii. There are no symptom scales for some diagnoses, (e.g., "single" symptom diagnoses – Selective Mutism, the Elimination Disorders, Pica, the Tic Disorders, Trichotillomania and Dysthymia). These are indicated on the report by a "Not Applicable;"

c. Impairment Score – This is a score on each diagnosis based upon 6 impairment questions. These inquire about the affect of symptoms on the subject regarding their relationships with their caretaker, with family, with peers, with teachers/boss and their affect on schoolwork/work. For each domain, the respondent can endorse 3 degrees of severity and based upon each level of impairment, is allocated a score;

i. If the respondent endorses the worst form of impairment in all 6 questions, then a total of 18/18 for impairment (i.e., 3x6 questions) will be assigned. No degree of impairment endorsed for a diagnosis will receive a score of zero;

ii. A score of 3 or greater is an indication of probable clinically significant impairment;

iii. A score of 3 could have been obtained from severe impairment in one domain, or a combination of lesser impairment in several domains. For this reason, the **QMHP** shall determine the areas in which impairment has been endorsed, by reconstructing the interview and reviewing the responses to the six impairment questions.

5. **Documenting Results:**

a. A juvenile mental health assessment shall consist of a mental status examination; chart review; review of family history; a Voice Diagnostic Interview Schedule for Children (V-DISC) assessment or clinical interview with the juvenile; and an interview with parent/other adults, if available. The **QMHP, OR DESIGNEE, ASSIGNED TO THE JUVENILE** shall document the mental health assessment results on the Mental Health Assessment Results (Form 4203.02C). Documentation shall include:

i. SPS Level;

ii. A DSM-IV diagnosis, including current Global Assessment of Functioning (GAF) score;

iii. Current delinquent/problematic behavior;

iv. Frequency/Duration of behavior;

v. Diagnostic impressions;

vi. Recommendations (i.e., treatment interventions, referrals for service, and need for re-assessment, if applicable);

b. The **QMHP** shall maintain hard-copy assessment reports and the assessment tools as follows:
   i. The V-DISC Scoring Summary shall be placed in the juvenile's Health Record;
   ii. The completed V-DISC Scoring Key shall be placed in the juvenile's clinical testing file;
   iii. Copies of the Mental Health Assessment Results (Form 4203.02C) shall be placed in juvenile's Field File;
   iv. All documents regarding Suicide Prevention Assessments and Suicide Risk Levels shall be placed in both the Juvenile's Field File and Health Record per Policy 4250;

c. The **ADJC CLINICAL ADMINISTRATOR** shall forward the Cumulative V-DISC results to Columbia University as described below:
   i. Data stored on the computer's C: drive shall be downloaded to floppy disk at two-week intervals by the RAC Administrative staff;
   ii. The floppy disk and log sheets shall be forwarded to the ADJC Clinical Administrator and then forwarded to Columbia University at this two-week interval;
   iii. The time frame will be extended to one-month intervals once the process is functioning as prescribed and all data delivery is accurate.

6. **Mental Health Interventions:** The **QMHP** shall provide appropriate mental health intervention(s) to juveniles who are determined to have a current mental health diagnosis:
   a. In the recommendations section of the Mental Health Assessment Results (Form 4203.02C), the **QMHP** shall document the clinical intervention(s) and/or the need for mental health re-assessment to be provided for the juvenile in the case plan;
   b. If the juvenile is determined to have a current mental health diagnosis on either Axis I or Axis II as defined by the ADJC Behavioral Health definition, or if the juvenile has emerging mental health issues not adequately defined by the mental health assessment process, the **QMHP** shall ensure appropriate interventions or follow-up is provided, up to and including:
      i. Referral for a psychiatric or mental health evaluation;
      ii. Referral for acute hospitalization;
      iii. Crisis intervention services as needed;
   c. If the juvenile in an ADJC facility indicates any suicidal risk, **STAFF** shall monitor the juvenile per Procedure Suicide Prevention 4250.03.

7. **Process Management:** As part of ADJC's quality management strategy, The ADJC Clinical Administrator shall collect data at no less than six month intervals for analysis to ensure compliance with agency standards and expected outcomes.